

## Shift Redistribution Authorization

Employees and Timekeepers are to use this form when working hours outside their Home Department and time is to be charged to an Alternate Department. **Use a separate copy of this form for each Alternate Department.**

**For OVERTIME SHIFTS:** in addition to the Shift Redistribution Form, it is the employee's responsibility to notify the department/unit that the shift(s) they are working is eligible for Overtime. The employee must complete the overtime form and have it approved.

**For Instructions** on completing this form, please refer to the Shift Redistribution Reference Guide on Insite: Teams > Human Resources > e-People > Time Management > Timekeeper Resources

<b>A. To be completed by employee – All fields are required – Please PRINT CLEARLY.</b>	
Employee Name <i>(Last, First)</i> Alexander, Ruth	Employee ID # 01034947
Home Time Location Code & Description	Employee Record #
Home Timekeeper/Scheduler Name ESP Timekeeper/ PLEASE CC Jyotika Williamson	Timekeeper/Scheduler Fax # or Email payrolladmin.ahs@albertahealthservices.ca

<b>B. To be completed by authorized person from Alternate Department</b>							
Date <small>(yyyy-Mon-dd)</small>	Monday	Tuesday	Wednesday	Thursday	Friday 2021-Jun-04	Saturday	Sunday
Shift Start Time					07:00		
Shift End Time					15:15		
Job Code <small>(as required)</small>							
<b>Code</b> (eg AR1)	<b># of hours</b>	<b># of hours</b>	<b># of hours</b>	<b># of hours</b>	<b># of hours</b>	<b># of hours</b>	<b># of hours</b>
AR1					7.75		

Please refer to the Time Reporting Codes list on Insite: Teams > Human Resources > e-People > Time Management > Timekeeper Resources

<b>C. Alternate Department Authorizations</b>	
Alternate Department ID 5 0 0 0 0 3 9 4 6 9	DOHRA 9
Authorizing Name <i>(Last, First)</i> Anderson, Marie	Employee ID # 01043070
Authorizing Signature <i>[Signature]</i>	Alternate Work Site
Phone # 7-6728	Date <i>(yyyy-Mon-dd)</i> 2021-06-07

- Home Department Timekeeper - file a copy of this form for your records.
- Alternate Timekeeper or Authorizing individual must submit the form as per the table below:

Home Department	Alternative Department	Submit form to
Workforce ESP*	Workforce ESP in the same ESP Zone	No form required
Workforce ESP	Workforce ESP different ESP Zone	payrolladmin.ahs@albertahealthservices.ca
Workforce ESP	e-People	payrolladmin.ahs@albertahealthservices.ca
e-People/Telestaff	Workforce ESP	Home Timekeeper/Telestaff Timekeeper
e-People/Telestaff	e-People	Home Timekeeper/Telestaff Timekeeper

\*Workforce ESP - Provincial Staffing Services, for details and contact see Insite > Teams > Provincial Staffing Services > contact